## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT IND. DEP. AFTER 2nd AMENDMENT IND. DEP. AS FILED IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL IND. TOTAL DEP. TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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